Request for Cancellation of Certificate

File the original with:	DOC Number 2012-211-
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suita 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 11 -18 -13	
Please consider this a request to cancel my:	•
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	RECER
Non-Emergency Certificate	RECEIVED NOV 18 2013
Class E Household Goods Certificate	TDAA.
Class E Hazardous Wastes Certificate	TRANS DEPT
My Certificate Number is 8624	
Charles of Charleston LLC DB	(If applicable)
7647 Northaven Dr (Street Address)	7647 Abrik Quent (Mailing Address if different from Street Address)
North Charleston SC. 29420 (City, State, Zip Code)	Morth Charleston SC 29420 (City, State, Zip Code)
<u> /643 </u>	
La	make Hunter
•	(Signature)
RECEIVED	(Title) Owner, President, etc.
NOV 19 2013	ORS Revised 2-18-10
PSC SC MAIL / DMS	